POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*My*		10-02-01
O.I.P.E. CLASSIFIER	*Dw*	32	10/25
FORMALITY REVIEW	*MM*	572	1-15-01
RESPONSE FORMALITY REVIEW	*BZ*	897	03-08-02

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim Final	Original	Date
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Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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